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**TO: Economic Support Supervisors  
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**BWP/BIMA OPERATIONS MEMO**

**No.: 02-73**

**File:**

**Date: 12/30/2002**

**Non W-2 ☒ W-2 ☐ CC ☐**

**PRIORITY: High**

**SUBJECT: Family Planning Waiver**

**CROSS REFERENCE:** Medical Eligibility Management Handbook, Appendix 42.0.0

**EFFECTIVE DATE:** January 1, 2003

**PURPOSE**

This Operations Memo will:

- Provide a summary of the new Medicaid subprogram called the Family Planning Waiver (FPW), including non-financial and financial eligibility requirements.
- Explain the implementation schedule and requirements for the FPW.

**BACKGROUND**

Section 49.45(24r) of the Wisconsin Statutes requires the Department of Health and Family Services (DHFS) to request a waiver for a family planning demonstration project. The DHFS submitted a Section 1115(a) waiver request to the U.S. Department of Health and Human Services and received approval of the waiver as a five-year demonstration on June 15, 2002.

The Family Planning Waiver (FPW) will cover family planning related services for women between the ages of 15 and 44 who are Wisconsin residents, have net family income at or below 185% of the federal poverty level (FPL), and are not receiving full-benefit Medicaid. There is no asset test. The target population for the FPW services under this project is limited to women who are not receiving Medicaid or BadgerCare.

Eligibility for the FPW will be determined by the Client Assistance for Reemployment and Economic Support (CARES) system as part of the current application and review processes conducted by the local agencies. The system will test applicants for other subprograms of MA as well as the FPW, depending on what Medicaid subprograms the applicant has requested.

The FPW will include a presumptive eligibility component, which allows a woman who meets certain requirements to be found presumptively eligible for the FPW benefits. The FPW Presumptive Eligibility (FPW PE) certification period extends for two calendar months following the month in which a qualified provider determines the woman FPW PE.

## ***POLICY***

The FPW has two aspects:

1. FPW Presumptive Eligibility (FPW PE).

FPW PE allows eligible women to receive family planning related services prior to receiving Medicaid or the FPW through the county/tribal social or human services department.

2. "Ongoing" Eligibility for the Family Planning Waiver (FPW).

Ongoing eligibility for the FPW requires that a woman apply by mail, telephone, or in-person through her county/tribal social or human services department, otherwise known as the Economic Support Agency (ESA).

### THE FAMILY PLANNING WAIVER PRESUMPTIVE ELIGIBILITY (FPW PE)

Qualified PE Providers are Medicaid certified and certified by the Division of Health Care Financing (DHCF) to determine PE. Qualified PE Providers will certify eligible women for the FPW PE. Many Qualified PE Providers for the FPW are the same providers who currently determine Healthy Start Presumptive Eligibility (HS PE). The Qualified PE Provider will determine if the woman meets all eligibility criteria.

In order to determine if the woman is presumptively eligible for the FPW, the qualified provider and the applicant will complete the Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver (FPW) form (HCF 10119).

**FPW PE Non-Financial Eligibility Criteria.** Applicants for the FPW PE must meet all of the following requirements:

- Female, age 15 years or older and under age 45.
- Wisconsin resident.
- Citizen of the U.S.  
(The qualified provider should explain that non-citizens cannot receive the FPW PE and s/he will refer non-citizens to the Economic Support Agency (ESA) for a determination of eligibility for the FPW.)

- Have not received the FPW PE during the past 12 months.  
(When a woman has received the FPW PE within the last 12 months, the qualified provider will explain to the woman why she is not eligible for the FPW PE and will refer her to the ESA for a determination of eligibility for the FPW.)
- Not receiving full-benefit Medicaid or the ongoing FPW (Medicaid Eligibility Management Handbook, Appendix 24.2.0).

**FPW PE Financial Eligibility Criteria.** Women with family income at or below 185% of the Federal Poverty Level (FPL) may be found eligible for the FPW PE. Parental income and presence in the household will not be counted for minors applying for the FPW PE.

**FPW PE Certification Period.** The FPW PE will extend for two calendar months following the month in which the Qualified PE Provider certifies the woman for the FPW PE.

**NOTE ➤** The FPW PE period extends one full calendar month longer than the HS PE certification period (Medicaid Eligibility Management Handbook, Appendix 19.9.0).

If the woman is found to be presumptively eligible, the Qualified PE Provider will:

1. Fill out the temporary Medicaid ID card at the bottom of the HCF 10119. The PE certification dates will be from the date the FPW PE is determined through the end of the second month following the month in which the determination is made.
2. Give the woman the temporary Medicaid ID card.
3. Explain that the duration of her FPW PE certification period depends on the following :
  - a) If she applies for ongoing FPW eligibility by the end of the second month following the month in which she became eligible for the FPW PE, the ongoing FPW period begins the first of the month in which she applied and is found eligible. The FPW PE period ends the day before her ongoing FPW period begins.

**Example.** Amber applies for the FPW PE on September 19<sup>th</sup>. Her FPW PE is certified through the end of November.

Amber applies for the ongoing FPW on November 2<sup>nd</sup> and is found eligible. Amber's ongoing FPW is certified beginning November 1<sup>st</sup>, and her FPW PE will end October 31<sup>st</sup>.

- b) If she does not apply by the end of the second month following the month in which she became eligible for the FPW PE, the FPW PE period ends the last day of the second month following the month in which she was determined eligible for the FPW PE.

**Example.** Brenda applied for the FPW PE on April 3<sup>rd</sup>. Her FPW PE continued through the end of June.

Brenda does not apply for the ongoing FPW until August 15<sup>th</sup> and is found eligible beginning August 1<sup>st</sup>. Brenda's FPW PE ended June 30<sup>th</sup>.

- c) If she applied for the ongoing FPW by the end of the FPW PE period and was found ineligible for Medicaid and the FPW, the FPW PE certification period ends on the last day of the second month following the month in which she was determined eligible for FPW PE.

**Example.** Rachel applies for the FPW PE on September 19<sup>th</sup>. Her FPW PE was certified through the end of November.

Rachel applies for Medicaid and the ongoing FPW on October 2<sup>nd</sup> and is denied Medicaid and the FPW. Rachel's FPW PE will end November 30<sup>th</sup>.

4. Send a copy of the completed HCF 10119 to the Medicaid fiscal agent and the ESA within five days of completion.

A Forward card will be sent out for all women found eligible for the FPW PE, unless they already have a Forward card.

If the woman is not found presumptively eligible for the FPW, the Qualified PE Provider will:

1. Indicate on the HCF 10119 that the woman is not eligible for the FPW PE with the appropriate reason for the denial.
2. Remove and destroy the temporary Medicaid ID card.
3. Provide the applicant with her copy of the HCF 10119 form.

**EDSNET.** FPW PE can be viewed on EDSNET screen RE. The FPW PE med stat code is "PF".

#### ONGOING ELIGIBILITY FOR THE FAMILY PLANNING WAIVER (FPW)

**Applications.** Ongoing eligibility for the FPW must be determined by the ESA by mail, telephone, or in person based upon the applicant's stated choice of application method. The filing date is the date that a signed application is received at the county or tribal agency. Applicants will be tested to determine if they meet the non-financial and financial eligibility criteria for the FPW based on the information provided for the application month and recurring month. Note: This concept will be discussed in the FPW extension phase section. Ongoing eligibility for the FPW may begin no earlier than the first of the month in which the application was filed, but no earlier than January 1, 2003. There is no backdating for the FPW.

A woman does not need to request MA and/or BadgerCare to be determined eligible for the FPW. A woman may request only the FPW if that is the only benefit she would like to receive.

Minors may apply for the FPW without the consent or the knowledge of their parent(s), legal guardian(s), or other caretaker(s).

Applications received prior to January 1, 2003 with a request for the FPW should be treated as if the application were received January 1, 2003.

**FPW Non-Financial Eligibility Criteria.** FPW clients must meet all of the following FPW specific non-financial eligibility requirements:

- a) Be a female 15 years of age or older and under age 45.

If a minor woman meets all eligibility requirements in the month of her 15<sup>th</sup> birthday, she may begin FPW eligibility in the month in which her 15<sup>th</sup> birthday occurs.

If a woman meets all eligibility requirements in the month of her 45<sup>th</sup> birthday, she may remain eligible through the end of the month in which her 45<sup>th</sup> birthday occurs.

- b) Not be receiving full-benefit Medicaid (Medicaid Eligibility Management Handbook, Appendix 24.2.0).
- c) Meet all of the non-financial criteria listed in Appendix 40.2.0 of the Medicaid Eligibility Management Handbook, with the two exceptions listed below:
  - 1. Women applying for or receiving only the FPW do not need to cooperate with Medical Support Liability (MSL), unless she is also applying for or receiving Medicaid (other than the FPW) for any child for whom she is the caretaker.
  - 2. Women applying for or receiving only the FPW do not need to cooperate with Third Party Liability (TPL), unless she is also applying for or receiving Medicaid (other than the FPW) for any child for whom she is the caretaker.

Close any woman applying for or receiving the FPW who refuses to cooperate with MSL or TPL requirements when she has a child receiving Medicaid in the home, unless the woman is a minor or has good cause (Medicaid Eligibility Management Handbook, Appendices 7.5.0 and 38.3.3). A pregnant woman should not be denied the FPW if she refuses to cooperate with providing MSL information or TPL information if the source of the health insurance coverage is the absent parent of her child(ren).

**Fiscal Test Group (FTG).** The fiscal test group (FTG) includes all of the following:

- 1. The non-financially eligible household member.
- 2. Her spouse.
- 3. Her minor natural or adoptive children.
- 4. Include any fetus carried by a member of the FTG.

Do not include Supplemental Security Income (SSI) recipients in the FPW test or FTG and count their income.

Do not include the parent(s) of a minor applying for the FPW in her FTG.

**Example.** Cheryl and Eric are not married, and have a child together, Alex. Cheryl is only requesting the FPW for herself, and is requesting Medicaid for Alex.

Alex is found eligible for Healthy Start. In building the FPW FTG, Alex is a counted child. Eric is not part of the FPW FTG, because he is not legally responsible for Cheryl. The FPW FTG is a group size of two.

**Example.** Samantha and Howard are married, and have two minor daughters, Shannon and Colleen. Shannon is pregnant. Samantha is only requesting the FPW for herself. Shannon and Colleen are found eligible for Healthy Start.

In building the FPW FTG, Samantha, Howard, Shannon, Shannon's fetus, and Colleen are counted in Samantha's FPW FTG. Howard is part of the FPW FTG, because he is legally responsible for Samantha. The FPW FTG is a group size of five for Samantha.

**Example.** Angel is 16 years old, and applying for the FPW for herself. On her mail-in application, Angel includes information about her parents and her siblings. Angel is not married and does not have any children. In building the FPW FTG for Angel, Angel is the only person in her FTG.

If the client fails the FTG FPW financial eligibility determination and any of the following are present, test the individual through Family Fiscal Unit (FFU) (Medicaid Eligibility Management Handbook, Appendix 28.0.0):

- a) The woman has minor children in the home.
- b) The spouse has minor children in the home.
- c) The woman is pregnant and has a spouse in the home.

**FPW Family Fiscal Unit (FFU).** Apply Family Fiscal Unit (FFU) budgeting rules (Medicaid Eligibility Management Handbook, Appendix 28.0.0) when a woman fails the FPW financial eligibility after applying the same individual deductions that are used for Family Medicaid budgeting. Both HS (NHSC, NHSP) and the FPW use 185% of the Federal Poverty Level (FPL), therefore use the income limit for medically needy Healthy Start (NHSC, NHSP) in Appendix 28.4.0 in the Medicaid Eligibility Management Handbook based on FFU size and the number of fetuses carried by the client in determining a woman's eligibility using the FFU budgeting rules.

When testing a minor using FFU, do not include the minor's parents in the FFU size or allocate any income from the parents to the minor.

**FPW Financial Eligibility Criteria.** There is no asset test for the FPW.

The self-declared gross income is used if the woman is only applying for a Medicaid subprogram, including the FPW, unless the amount reported is determined to be questionable (Medicaid Eligibility Management Handbook, Appendix 37.4.0). If the client is applying for any other program of assistance, the appropriate prospective budgeting technique (Medicaid Eligibility Management Handbook, Appendix 15.6.1) is used. The FPW financial calculations should be treated as a Family Medicaid application, including applying the same deductions. From the FTG's gross income the following deductions are taken, if applicable, to determine the total FTG income:

- \$90 Work-Related Expense (Medicaid Eligibility Management Handbook, Appendix 15.3.5).
- Child Support Disregard (Medicaid Eligibility Management Handbook, Appendix 15.2.21).
- Dependent Care Expenses (Medicaid Eligibility Management Handbook, Appendix 17.1.2).
- Apply any other Family MA income disregards (Medicaid Eligibility Management Handbook, Appendix 15.0.0).

The total FTG income should then be compared against and should not exceed 185% of the FPL for the FTG size. There is no deductible for a woman that exceeds the FPW income limit.

Parents' income and presence in the household will not be counted for minors applying for the FPW. Determine the income of a minor applicant/recipient who applies by subtracting any applicable deductions from her gross income. Do not count the income of her parents in determining her eligibility. Count any money that is provided to a minor by a member of her household, such as an allowance, as unearned income in the month received.

The income that is reported through the application for the current month and the following month is used to determine the client's financial eligibility for the entire 12-month eligibility period. The client must fail financial eligibility for both months to be denied the FPW eligibility.

**Example.** Liz only applies for the FPW on September 19<sup>th</sup>. On her application, Liz reports that she expects to have \$800 income for the month of September and \$3,000 for the month of October.

Liz is found eligible for the FPW for the month of September, and is put into the FPW extension phase beginning with October.

**Example.** Wendy only applies for the FPW on September 19<sup>th</sup>. On her application, Wendy reports that she expects to have \$3,000 income for the month of September and \$800 for the month of October.

Wendy is found ineligible for the FPW for the month of September, and eligible for the month of October. Wendy will be eligible for the FPW from October through the month of September of the following year, provided she continues to meet all non-financial criteria.

**FPW Certification Period.** The woman will be certified for 12 months, beginning with the application month in which the woman was determined non-financially and financially eligible for the FPW.

**Changes.** Changes in income or household composition need not be reported during the 12-month certification period. All non-financial changes must be reported within 10 days of the change.

Although changes in income or household composition need not be reported, if a woman reports a change in income or household composition that results in her income exceeding the FPW income limit it will not affect her FPW benefits for the remainder of the 12-month certification period. The woman's eligibility will be put into an FPW extension phase until the end of the 12-month certification period or until she reports an income decrease that is again below the FPW income limit.

Changes a woman reports in income or household composition that result in her income decreasing to the point where she would be eligible for full-benefit Medicaid, must be applied, if the woman has a request for full-benefit Medicaid on file. If she is found eligible for full-benefit MA, her eligibility for the FPW will end.

**Example.** Erin had applied for Medicaid for herself and her son Mike in January. Erin was found eligible for BC with a premium, and chose to receive the FPW instead. On May 6<sup>th</sup> she reports a decrease in income that results in her being found eligible for full-benefit Medicaid without any cost sharing (e.g. premium). Erin's full-benefit Medicaid eligibility begins June 1<sup>st</sup> and her FPW ends May 31<sup>st</sup>.

The FPW eligibility terminates when a woman loses non-financial eligibility. If any of the following occurs, the client's eligibility will be terminated following timely notice:

- a. Reaches the age of 45 years.
- b. Moves out of Wisconsin.
- c. Is not cooperating with SSN requirements.
- d. Becomes an inmate of a public institution (Medicaid Eligibility Management Handbook, Appendix 1.9.0).
- e. Is an adult with a child eligible for Medicaid and is no longer cooperating with TPL or MSL requirements.
- f. Begins receiving full-benefit Medicaid (Medicaid Eligibility Management Handbook, Appendix 24.2.0).

**The FPW Extension Phase.** A woman's FPW eligibility cannot end during the 12-month eligibility period when a financial change occurs in which a woman's income exceeds 185% of the FPL. If a woman reports an income or household composition change at any time during the 12-month certification period that results in her income exceeding the FPW income limit, she will be entered into the FPW extension phase.

The FPW extension phase will be indicated by an information reason code on CARES. There will be no grace month given at the end of the review period for those individuals in the FPW extension phase. A review notice will be sent out according to the normal CARES review schedule. In order to continue the FPW eligibility, a client must complete a full review of eligibility.

**Example.** Barb applied for the FPW in March and was found eligible. In June, she reports that she has found a new job and is making more money.

Although Barb did not need to report this change, the worker still enters the information into CARES. Based on her new income, Barb is over the income limit for the FPW, and is now in the FPW extension phase. On AGECS, Barb's worker will see the reason code "525", which indicates that she is in the FPW extension phase.

Barb's review is scheduled to occur the following February. Barb receives her review notice mid-January. Barb does not complete her review before the end of February. Her FPW will close at the end of February without a grace month.

If a woman in the FPW extension phase reports that her income is below the income limit, once the worker enters the information in CARES and runs eligibility CARES will automatically remove the informational reason code on AGECS. The case will now be treated as any other FPW, which means the woman could receive a grace month at the end of her FPW eligibility.



**Example.** Michelle applied for the FPW in June and was found eligible. In August, she reports that she has found a new job and is making more money.

Although Michelle did not need to report this change, the worker still enters the information into CARES. Based on her new income, Michelle is over the income limit for the FPW, and is now in the FPW extension phase. On AGECS, Michelle's worker will see the reason code "525", which indicates that she is in the FPW extension phase.

Michelle reports in December that her income has again changed, and she is now below 185% of the FPL. When eligibility is run with the new income information, the reason code on AGECS is removed. Michelle's review is scheduled for May, and her eligibility will continue through June of the following year if she does not complete a review in May.

**FPW Reviews.** Reviews are required every 12 months after the initial eligibility determination. A "grace month" will be given at the end of the review period to allow for continued eligibility, unless the woman is in the FPW extension phase. At the time of the FPW review, the woman's income and household composition will again be tested against the FPW eligibility criteria. Reviews can be completed by mail, telephone, or in person through her ESA based upon the applicant's stated choice of review method.

If the woman completes a review for another program of assistance at any time during the 12 month certification period and the information collected from that review indicates that she still meets the FPW eligibility requirements, her FPW review date should be set 12 months from that review date.

If the woman completes a review for another program of assistance at any time before the 12<sup>th</sup> FPW eligibility month, and is found to no longer meet the FPW financial eligibility requirements, she will be entered into the FPW extension phase. She will be required to complete a review at the end of the FPW 12-month certification period. If at this review, she is found to still have income in excess of the FPW limit, her eligibility for the FPW ends.

**Example.** Jenny was receiving Food Stamps when she applied for the FPW in April.

In June, Jenny completes her Food Stamp review. At that time, she reports an increase in income, which puts her over the FPW income limit. Jenny enters the FPW extension phase. Jenny will remain in the FPW extension phase until she reports a decrease in income or until her review at which time she will have to complete a full review for the FPW, including income and household composition changes that have occurred.

If Jenny does not complete her review or her circumstances have not changed, she will lose her FPW eligibility at the end of March.

**Program Choice.** CARES will fail the FPW category for a woman requesting the FPW and full-benefit Medicaid if the woman is found eligible for full-benefit Medicaid. Confirm eligibility for any full-benefit Medicaid subprogram, including BC which a woman requesting both Medicaid and the FPW is eligible for. All the eligibility requirements for that subprogram of Medicaid apply, including, for example, restrictive reenrollment periods for BC. A woman may request, at any time, that she not receive full-benefit MA or BC in order to receive only the FPW.

In some instances, such as when required to pay a premium, the woman may prefer to receive the FPW instead of full-benefit Medicaid. Change the request indicator for the Medicaid subprogram from "Y" to "N" on the appropriate screen.

A woman who is found to be eligible for a deductible may also be eligible for the FPW benefits during the deductible period. She may receive the FPW benefits until she has met her deductible. The client can report any out-of-pocket medical bills incurred while she is receiving services through the FPW in order to meet her deductible. Once her deductible has been met, eligibility should be rerun, which will close the FPW. The client is now receiving full-benefit Medicaid, so she is no longer eligible for the FPW, but will continue to receive the same services through full-benefit Medicaid. Once the woman's deductible period ends, she may again be found eligible for the FPW. At that time, she will begin a new 12-month FPW eligibility period if she continues to meet all non-financial and financial criteria.

**Example.** Theresa is an 17-year-old woman applying for Medicaid, BC, and the FPW and has a daughter Sara (age one). She is found to be eligible for BC with a premium or a Medicaid deductible.

If Theresa chooses BC, she would need to pay a premium, but would be able to receive family planning services through BC, as well as having medical coverage for her whole family. If Theresa does not want to pay the premium for BC, she can choose the deductible (i.e., use the choice screen, or change the BC request switch on ACPA to "N".)

If she chooses the deductible, she can receive family planning related services through the FPW until her deductible has been met. Both the FPW and the unmet deductible can be confirmed in CARES.

#### VERIFICATION

Verification requirements for the FPW are the same as for all Medicaid subprograms. Self-declaration is allowed unless the information is found to be questionable as defined in the Medicaid Eligibility Management Handbook, Appendix 37.0.0. If a minor is the only person listed on an application form and is requesting Medicaid or BC in addition to the FPW, household composition should be considered questionable. This is in addition to the items listed under "questionable" in Appendix 37.4.0 of the Medicaid Eligibility Management Handbook. Contact the client to clarify whether she intends to apply for Medicaid and/or who is in her household.

#### THE FPW POST PREGNANCY EXTENSION PHASE

The FPW post pregnancy extension phase was developed to provide family planning services to women that were receiving services through a pregnancy extension (ME P or NE P) or Healthy Start (MHSP or NHSP) at the end of her pregnancy and have not been found eligible for any other subprogram of Medicaid. She does not need to meet the FPW financial eligibility criteria to become eligible for the FPW, but must meet the FPW non-financial criteria and one of the following must occur:

- The woman's pregnancy extension (ME P or NE P) ended. If she has a request on ACPA for the FPW and is not found eligible for full-benefit Medicaid, she will be entered into the FPW pregnancy extension phase. This would occur regardless of whether her income or household composition puts her income over the FPW income limit.
- The woman did not report the end of her pregnancy timely, and therefore did not enter a pregnancy extension. Once her Healthy Start (NHSP or MHSP) eligibility ends, her worker will need to run eligibility. When the worker runs eligibility in CARES and she is

not found eligible for full-benefit Medicaid, CARES will automatically place her in the FPW pregnancy extension phase. This would occur regardless of whether her income or household composition puts her income over the FPW income limit.

The FPW post pregnancy extension phase will be indicated with the information reason code “524” on CARES screen AGECEC when the woman’s income exceeds the FPW income limit. There will be no grace month at the end of the review period for those individuals in the FPW post pregnancy extension phase. If the woman’s income does not exceed the FPW income limit, she will be entered into the FPW and the informational reason code will not appear on CARES screen AGECEC.

At the time of review for a woman ending a HS pregnancy extension, including Healthy Start, if there is a request for the FPW on ACPA, the woman may receive 12 months of the FPW eligibility. If eligibility is run at the end of the pregnancy extension and the woman is not found eligible for any other subprogram of Medicaid, including BadgerCare, the 12-month FPW post pregnancy extension will begin with the first of the month following the end of the HS pregnancy extension.

The worker will be sent an alert to run eligibility at the end of the HS pregnancy extension.

**Example.** Becky is 23 years old, and will receive a HS pregnancy extension through the end of July. On ACPA, Becky has a request for Medicaid, BC, HS, and the FPW. In June, Becky reports that she will not have any children living in the home beginning in July.

In July, Becky’s worker gets an alert to run eligibility. Since Becky is non-financially ineligible for all other subprograms of Medicaid, she is found eligible for the FPW. Becky’s FPW eligibility will last from August through July of the following year, unless a change is reported that makes her non-financially ineligible for the FPW.

**Example.** Angie will receive a HS pregnancy extension through the end of September. On ACPA, Angie has a request for Medicaid, BC, HS, and the FPW. Angie’s income in August is over 185% of the Federal Poverty Level (FPL).

In August, Angie’s worker gets an alert to run eligibility. Since Angie does not meet the financial eligibility criteria for Medicaid or BC, she is found eligible for the FPW post pregnancy extension. Angie’s FPW eligibility will extend from October through the end of September of the following year. The informational reason code “524” will appear on CARES screen AGECEC.

If a woman that was over the FPW income limit at the time she was put into the FPW pregnancy extension phase reports that her income is below the income limit, the informational reason code on AGECEC will be removed. The case should now be treated as any other case not in the FPW post pregnancy extension phase. The woman could receive a grace month at the end of her FPW eligibility.

**Example.** Laurie will receive a HS pregnancy extension through the end of September. On ACPA, Laurie has a request for Medicaid, BC, HS, and the FPW. Laurie’s income in August is over 185% of the Federal Poverty Level (FPL).

In August, Laurie’s worker gets an alert to run eligibility. Since Laurie does not meet the financial eligibility criteria for Medicaid or BC, she is found eligible for the FPW post pregnancy extension. Laurie’s FPW eligibility will extend from October through the end of September of the following year.

In December, Laurie reports that her income is below 185% of the FPL. The “524” information

reason code on AGECE is removed. Laurie's review continues to be scheduled for September of the following year, but her eligibility extends through the end of October of the following year if she does not complete a review in September.

### **CONFIDENTIALITY/PRIVACY**

The FPW clients have the same confidentiality protections as all other Medicaid clients. In addition, women applying for or receiving the FPW benefits will have the following confidentiality protections:

- If requested, the woman can have all written program communications sent to an alternate address, instead of her home address.

If an alternate address is requested, enter a "Y" in the alternate address field on ACCH. Then enter the alternate address on screen ACMA.

- Minors will not be referred to child support.
- Eligibility of minor women will not be based on the income of parents. Local agencies are not to contact parents or other caretakers when determining the eligibility of minors applying for the FPW.
- Third party liability (TPL) information will not be used to obtain reimbursement.

If a woman is only applying for the FPW, TPL information should not be collected. If TPL information is provided at the time of application or review, this information should be entered into CARES, although it will not be used to obtain reimbursement for Medicaid costs.

When a woman applies for the FPW in person, the worker should explain how confidentiality will be maintained. The discussion should include the option of designating an alternate mailing address including where notices and the Forward card are going to be sent.

Under §49.45(4) of the Wisconsin Statutes, "The use or disclosure of any information concerning applicants and recipients of medical assistance not connected with the administration of [the program] is prohibited." To help protect confidentiality at the time of clearance, a warning message, "CONFIDENTIAL INFORMATION" will appear during clearance on CRIS and/or AICL alerting workers that at least one of the possible match individuals may have previously applied for the FPW.

**Example.** Sherry is 16 years old and applied for the FPW in March. In June, her parents come in to apply for full-benefit MA. When she is run through clearance as part of her parents' application, the warning message displays on AICL. The worker should indicate nothing to the parents regarding the FPW eligibility.

Workers should not assume that a minor's FPW application/history is known to the other members of her family, and should ensure that the FPW applicant's confidentiality is protected. Workers may not share information about the FPW applicants with other case members. If the situation arises in which you are questioned about the information already in the system regarding a person on a case, inform the client that you are not able to divulge that information.

### REFERRALS FOR PROTECTIVE SERVICES

Local agency staff are required under state law to report suspected cases of child abuse or neglect. However, §49.981(2m) Wisconsin Statutes provides an exception to this requirement for confidential health care services, defined as family planning services and diagnosis and treatment of sexually transmitted diseases. This exception covers minors applying for or receiving the FPW benefit. Therefore, unless local agency staff suspects one of the following, they are not required to file an abuse or neglect report concerning a minor applying for the FPW. A report must be filed if local agency staff suspects that:

- The sexual intercourse or sexual contact occurred or is likely to occur with a caregiver.
- The child suffered or suffers from a mental illness or mental deficiency that rendered or renders the child temporarily or permanently incapable of understanding or evaluating the consequences of his or her actions.
- The child, because of his or her age or immaturity, was or is incapable of understanding the nature or consequences of sexual intercourse or sexual contact.
- The child was unconscious at the time of the act or for any other reason was physically unable to communicate her unwillingness to engage in sexual intercourse or sexual contact.
- Another participant in the sexual contact or sexual intercourse was or is exploiting the child.

### **IMPLEMENTATION**

Beginning on January 1, 2003, local agencies must accept applications for the FPW. Any applicant in January is entitled to have her eligibility established effective January 1<sup>st</sup> if she meets the FPW eligibility requirements on any day in January 2003.

A woman must make a written or verbal request to her worker for the FPW to initiate the eligibility process, including households that have one or more individuals who are already open for assistance on the CARES system. All applications can be made at the client's request:

- In-person at the county/tribal social or human services department, or
- By telephone, or
- By mail.

### **CASE PROCESSING**

The FPW eligibility programming will be implemented in CARES on January 27, 2003. We are providing instructions here for processing applications filed before and after January 27. In addition, we are including special processing instructions for cases involving minor applicants and companion cases.

## CARES CHANGES

### ***AICL – Individual Clearance List***

To help prevent privacy problems from occurring during clearance, a warning message will appear on AICL when running an individual through clearance who has applied for the FPW. The following message will be displayed:

“CONFIDENTIAL INFORMATION”

Workers may not share information about the FPW applicants with other case members. If the situation arises in which you are questioned about the information already in the system regarding a person or a case, inform the client that you are not able to divulge that information.

### ***ACPA – Program of Assistance***

A new ACPA request screen has been added for the FPW. The ACPA request screen for the FPW will not have a group level request, but only individual level requests.

For women between the ages 14 and 44 that are in CARES for another program of assistance, the request switch will initially default to a blank, which will be treated as “no”. At the next review, this request screen will require a “Y” or “N” answer.

For women between the ages of 14 and 44 that are in CARES on Medicaid or BC, the request will be set to “Y”. If the woman loses Medicaid or BC eligibility, she will be tested for the FPW unless she specifically requests that she not be tested for the FPW.

For men and for women outside the ages of 14 through 44, the request switch will always default to “N”. This request can be changed if these individuals insist on requesting the FPW.

### ***ANLA – Individual Living Arrangement***

For a minor applying on her own for the FPW and not applying for child care, the minor living arrangement field should be coded as “NO”.

### ***APGI – Absent Parent General Information***

The absent parent screens will appear in CARES, but CARES will not refer a minor to child support who is only eligible for the FPW. For cases in which the FPW is the only program of assistance requested in CARES and APGI is blank, the parent(s) should be entered as “unknown”. If APGI has information from a previous application or a companion case, leave the information in CARES; do not replace with “unknown”.

For all FPW applications, the absent parent to be referred to IV-D field should be answered “N” with a reason code of “Oth”

### ***AFUI – Unearned Income***

A new unearned income type has been added for a minor’s allowance. The code is OTFP and will only count the income for the minor in determining her FPW eligibility. This income type will not count for any other program of assistance or other subprograms of Medicaid.

***SFCD – SFU Composition***

A new participation status code, SC (Spouse's Child), has been added to SFCD. A spouse's child is the applicant's spouse's child(ren), or simply put her stepchildren. Income from an individual indicated as SC will not be counted toward the income of the Assistance Group (AG). If any individual in the group fails the FPW eligibility through FTG, CARES will change the SC individual's participation status code to a fiscal member (FM) when being tested through FFU.

***ERII – AFDC-Related MA Individual Income Budget***

The budget screen ERII has been updated to accommodate the individual FTG budget calculations for FPW.

***ERFI – FFU MA Individual Income Budget***

The budget screen ERFI has been updated to accommodate the individual FFU budget calculations for the FPW. The FFU calculations for the FPW work as they should in CARES.

**NOTE ➤** FFU determinations in CARES for all other subprograms of Medicaid do not reflect the Addis changes. Continue to manually determine an individual's FFU eligibility if the individual is non-financially eligible and fails both the FTG and FFU test for Medicaid as indicated in the Addis Operations Memo 99-86.

***ERED – AFDC-R MA Eligibility Determination***

The budget screen ERED has been updated to accommodate the display of the FPW FTG or FFU budget calculations.

**JANUARY 1<sup>ST</sup> – 26<sup>TH</sup>, 2003**

During this period, applications for the FPW will be accepted at all ESAs. Because CARES will not be updated to determine the FPW eligibility until January 27, 2003, as part of application or review process for other programs of assistance enter all information in CARES, and collect information about the FPW request. Enter the request information in CARES on or after January 27<sup>th</sup> and determine the FPW eligibility in CARES.

ESAs may process applications for the FPW manually prior to January 27<sup>th</sup> and update eligibility records on the Medicaid Management Information System (MMIS) by sending EDS a 3070. However, the DHFS does not expect agencies to manually process applications before CARES is available. Collect the FPW request at the time of application. Enter all other information in CARES at the time that it is received. After January 27<sup>th</sup>, enter the FPW request in CARES and determine the FPW eligibility in CARES.

If the application is for full-benefit MA and the FPW, the information should be entered into CARES under the usual procedures and processing timeframes. If the client is found to be eligible for a full-benefit Medicaid subprogram, confirm the eligibility. If the client is not found to be eligible for a full-benefit Medicaid subprogram, one of the following can be done:

- a) Confirm all eligibility determinations and allow the denial notices to be sent out. After the FPW is automated in CARES, a new request for assistance (RFA) should be established and eligibility for the FPW should be determined. The 30-day processing timeframe remains in effect from the original filing date.

Complete the following steps to process the application:

1. Complete client registration.
  2. Complete intake for the client. A request screen will not appear for FPW on ACPA.
  3. Run SFED/SFEX.
  4. No FPW AG will appear on AGECE. Confirm eligibility for all programs, including Medicaid and denials.
  5. When the expected change screen (ACEC) appears, make a note to run SFED/SFEX for the FPW within the 30 day processing timeframe and after CARES is available January 27, 2003.
  6. On or after January 27, 2003 run SFED/SFEX.
  7. Confirm the FPW and other program eligibility.
- b) Send the client a manual negative notice indicating the Medicaid decision and include a statement indicating that the FPW eligibility is pending until the decision can be made in CARES. Enter a "?" that will pend the Medicaid decision, and enter a reminder on ACEC to remove the "?" and re-run eligibility for the FPW after January 27<sup>th</sup>, 2003.

In all cases, if the client applied for and is found to be eligible for another program of assistance, confirm eligibility for that program of assistance.

#### JANUARY 27<sup>TH</sup>, 2003

**Report.** A report will be run and distributed through the CARES coordinators which lists all the individuals that applied for Medicaid or had a review between January 1, 2003 and January 27, 2003 who are potentially eligible for the FPW. More information will accompany the report when it is distributed.

**Applications.** For applications completed on or after January 27, 2003, complete the following steps to determine the FPW eligibility:

1. Client registration should be completed as soon as possible. Be sure the filing date is entered correctly. For the FPW requests, the filing date may not be earlier than January 1, 2003.
2. Complete an intake for the client. Indicate the request for the FPW on ACPA. The earliest override date to use on ACPA for an FPW request is January 1, 2003.
3. If the client is already open for another program of assistance in CARES, run with dates for the application month.\*
4. Confirm the application month eligibility determination for the FPW on AGECE.
5. Run SFED/SFEX without dates.
6. AGECE should appear for the FPW if a FPW AG exists. Confirm eligibility for the FPW.
7. Confirm the eligibility determination for the applications months and the recurring month.

**Ongoing.** For reviews completed after January 27, 2003, complete the following steps to determine the FPW eligibility:

1. Update the request for the FPW on ACPA. The earliest override date to use on ACPA for an FPW request is January 1, 2003.

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\* You cannot run with dates when there are any unconfirmed AGs for any months for which you are running when you are in intake mode. This can be especially difficult in counties where the SSP controls some of the program eligibility and the FEP controls other program eligibility on the same case.



2. If the client is already open for another program of assistance in CARES, run with dates for the review month.
3. Confirm the review month eligibility determination for the FPW on AGECE.
4. Run SFED/SFEX without dates.
5. AGECE should appear for the FPW if a FPW AG exists. Confirm eligibility for the FPW.
6. Confirm the eligibility determination for the recurring months.

### THE FPW AND THE MEDICAID CASCADE

Unlike other subprograms of Medicaid, the FPW is built outside of the cascade, much like other programs of assistance in relation to Medicaid. When requested, the FPW is tested at each level of the Medicaid cascade. When an individual is found eligible for a full-benefit Medicaid subprogram, the FPW AG will either be denied or terminated at that time.

### MINORS APPLYING

If a minor only applies for Medicaid or BC along with the FPW and provides no information about her household members, the household composition is considered questionable. If there is a reason to question health insurance information, enter a "?" on the first question on AFMQ and contact the client for additional information. If the client does not respond to your request, change the "?" to "F" and allow Medicaid to fail for reason code 113, "Failed to provide information." Continue to process the FPW application with the information provided. If health insurance information is not questionable, you will need to send a manual verification request to the minor to obtain information about other household members in order to determine Medicaid/BadgerCare eligibility or to determine that the minor is only requesting the FPW benefits.

### COMPANION CASES

Minors applying for the FPW only for themselves may need to be entered on a companion case if members of her household already have an active case in CARES. Indicate in case comments that the client is only applying for the FPW and that this is a companion case.

A new Personal Identification Number (PIN) should not be created for an individual that is on a companion case. All conflicts that arise as the client is taken through clearance should be resolved before proceeding with processing the case.

### REASON CODES

There are 10 new reason codes being added to CARES as part of the FPW automation. The reference numbers and the draft short and long text reasons are displayed in the table below. The language for the short and long text can be viewed on the screen CURD after January 27, 2003.

Reason Code	Short Text Description	Long Text Description	Usage
524	Eligibility based upon pregnancy related MA eligibility.	Informational to the worker - Triggers supplemental text.	Informational – Appears on AGECE.
525	Eligibility based upon your initial FPW eligibility.	Informational to the worker - Triggers supplemental text.	Informational – Appears on AGECE.
526	Applicant receiving SSI or 1619(b).	Informational to the worker - Triggers supplemental text.	Informational
527	Applicant receiving full benefit Medicaid.	Informational to the worker - Triggers supplemental text.	Informational
528	Applicant is not a female.	The applicant is not a woman between the ages of 15 and 44.	This would occur in SFU when the FPW applicant is a male.
529	Applicant must be between 15 and 44 (inclusive).	The applicant is not between the ages of 15 and 44.	This would occur in SFU when the FPW applicant does not meet the FPW age requirement.
530	Not in a qualifying relationship with the PP/PP Spouse.	The person who requested the Family Planning Waiver is not this individual's spouse, parent or qualified relative.	This would occur in SFU when the FPW applicant is not in a qualifying relationship with the PP/PP Spouse.
531	adult must apply separately.	The person who requested the Family Planning Waiver is not this individual's spouse, parent or qualified relative.	This would occur in SFU when the FPW applicant is an adult and not the PP/PP Spouse.
532	Applicant is not under the care of the PP/PP Spouse	The person who requested Family Planning Waiver is not a qualified caretaker of this person.	This would occur in SFU when an NLRR relationship exists. The applicant must be under the care of the NLRR relative.
533	You cannot be a member in this assistance group.		Informational reason code: Who can be brought into an applicant's FPW AG - An adult son/daughter cannot be in FPW AG's group. The child of a spouse will get this reason code as well as having a Part Sts Cd of 'SC'.

NOTICES

Notices for the FPW will be rolled up with other program (Medicaid, FS, BC, CC, etc) notices that are generated, unless an individual is entered on a companion case. These notices will be sent out based on the address entered in that case.

Individuals not requesting the FPW benefits will not be included in the Notice of Decision, except when a woman who had been eligible for the FPW changes her FPW request to “no”.

EDSNET

To view the FPW eligibility segments on EDSNET, use the RE screen. The medical status codes for the FPW are as follows:

<b>Med Stat</b>	<b>Description</b>
FS	Family Planning Services
FQ	Family Planning/QMB
FT	Family Planning/TB-related
FB	Family Planning/TB-related/QMB
PF	Presumptive Eligibility Family Planning Services
PQ	Presumptive Family Planning/QMB
PT	Presumptive Family Planning/TB-related
PB	Presumptive Family Planning/TB-related/QMB

FORWARD CARD

Women eligible for the FPW will be sent a Forward card, if they do not already have one. If an individual has a previously issued Forward card, she may need to use that card to access her FPW benefits or call the Medicaid Recipient Services, 1-800-362-3002, to have the previous card inactivated and a new one issued.

Services will be available to recipients of the FPW on a fee-for-service basis by Wisconsin Medicaid certified providers. FPW recipients are not enrolled in a Medicaid HMO. There are no co-payments for services or supplies.

PUBLICATIONS***Family Medicaid, BadgerCare, and Family Planning Waiver Application and Review*** (HCF 10100, formerly DES 12277)

The Family Medicaid, BadgerCare, and Family Planning Waiver Application and Review form (HCF10100, formerly DES 12277) has been revised to include a request question for the FPW. The newly revised form will be available January 1, 2003 and can be ordered through one of the following methods:

Mail: Steve Bowe  
DHCF  
P.O. Box 309  
Madison, WI 53701

Telephone: (608) 261-4954

This form can also be found under "Applications" at: [www.dhfs.state.wi.us/medicaid1/index.htm](http://www.dhfs.state.wi.us/medicaid1/index.htm).

***Medicaid Eligibility Management Handbook***

The Medicaid Eligibility Management Handbook has been revised for the 03-01 release in the following locations to incorporate the FPW policy:

- Appendix 24.2.0
- Appendix 29.2.0
- Appendix 40.2.0
- Appendix 42.0.0

***Family Planning Waiver Fact Sheet***

A new Fact Sheet is being developed describing the FPW eligibility criteria, benefits, and how to access this benefit. This Fact Sheet can be found on under "Fact Sheets" at: [www.dhfs.state.wi.us/medicaid1/index.htm](http://www.dhfs.state.wi.us/medicaid1/index.htm).

***Family Planning Waiver Presumptive Eligibility Fact Sheet***

A new Fact Sheet has been developed describing the FPW presumptive eligibility criteria, benefits, and how to access this benefit. This Fact Sheet can be found under "Fact Sheets" at: [www.dhfs.state.wi.us/medicaid1/index.htm](http://www.dhfs.state.wi.us/medicaid1/index.htm).

***Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver (FPW) (HCF 10119)***

A new form has been developed with a temporary paper card attached for providers to determine the eligibility for the FPW PE.

**ATTACHMENTS**

- Family Medicaid, BadgerCare and Family Planning Waiver Application and Review (HCF 10100 formerly DES 12277)

- Family Medicaid, BadgerCare and Family Planning Wavier Instructions for Application and Review (HCF 10100A)
- Wisconsin Medicaid Presumptive Eligibility for the Family Planning Waiver (HCF 10119)

**CONTACTS**

BIMA CARES Information & Problem Resolution Center

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Telephone: (608) 261-6317 (Option #1)  
Fax: (608) 266-8358

Note: Email contacts are preferred. Thank you.